

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

011034

FILING DATE

Feb 5, 1987

APPLICANT(S)

Dale E. Fiere

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/				/	
4	1		1		2	
5	2		2		2	
6	2		2		2	
7	/		/		/	
8	/		/		/	
9	/		/		/	
10	/		/		/	
11	/		/		/	
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TOTAL IND.	3		3		3	
TOTAL DEP.	17	→	17	→	18	→
TOTAL CLAIMS	20		20		21	

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.		→		→	→
TOTAL CLAIMS					